

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/067660	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		1
2							52		1
3							53		1
4							54	1	
5							55		1
6							56		1
7							57	1	
8							58		1
9							59		1
10							60		1
11							61	1	
12							62		1
13							63		1
14							64		1
15							65		1
16							66		1
17							67		1
18							68	1	
19							69		1
20							70		1
21							71		1
22							72		1
23							73		1
24							74		1
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36		1	*				86		
37			1				87		
38			1				88		
39		1					89		
40			1				90		
41			1				91		
42		1					92		
43			1				93		
44			1				94		
45			1				95		
46			1				96		
47			1				97		
48		1					98		
49			1				99		
50			1				100		
TOTAL IND.							TOTAL IND.		8
TOTAL DEP.							TOTAL DEP.	31	
TOTAL CLAIMS							TOTAL CLAIMS	39	